



Sudanese Junior Doctors Association (SJDA-UK)  
& Sudanese Doctors Union- UK branch (SDU-UK)

# Sudanese Doctors Scientific Conference-UK

المؤتمر العلمي للأطباء السودانيين بالمملكة المتحدة

## Integrating Sudanese Doctors in the NHS

Bank Holiday Weekend 5-6<sup>th</sup> May 2018,  
Inside Hotel, Manchester UK

**(Conference Booklet)**

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## SPECIAL RECOGNITION

We would like to extend our gratitude to **Dr Sara Belail** who was involved in organising this event since the inception of the idea. She did a tremendous work in organising the programme and content, recruiting speakers and securing the CPD approval for the academic activities. Without her hard work and insight this day wouldn't have been possible.



# A WELCOME NOTE



**Mubashar Abugossi**  
**Lead Organiser**

Dear Delegates and Speakers

On behalf of the Sudanese Junior Doctors Association (SJDA-UK) and the Sudan Doctors Union- UK Branch (SDU-UK), I would like to welcome you all to the Sudanese Doctors Scientific Conference.

I'd like to give you an idea of what you can expect over the next two days. We have an academic day with presentations, workshops and discussions. We also hope you enjoy the dinner party tonight and the Safari trip on Sunday.

I'd like to thank each of you for attending our conference and bringing your expertise to our gathering. You are truly our greatest asset today and tomorrow, and we could not accomplish what we do without your support and leadership. Throughout this conference, I ask you to stay engaged, keep proactive and help us shape the future. My personal respect and thanks goes out to all of you.

Mubashar Abugossi  
On behalf of the Organising Committee

# ABOUT SJDA-UK

SJDA-UK is an academic, social and non- political organisation founded to connect and benefit the Sudanese doctors in training in the UK and Sudan. The activities are organised in projects that take place in the physical & virtual worlds.

The creation of the Sudanese Junior Doctors Association (SJDA-UK) platforms offered a wealthy source of information and UK medical career guidance for Sudanese doctors. SJDA-UK is a growing professional and social network of Sudanese junior doctors residing in the UK.

Membership is open to all doctors of Sudanese origin who are currently practicing in the UK between the levels of PRHO to 2 years post CCT/ CESR. Other tiers of membership are available.

Our current active projects include Specialty Guidance, Getting Started, Mentorship and Professional development projects. In addition, SJDA-UK organises regular workshops, courses in the UK and Sudan. Plans to open the Sudanese Doctors House in the UK are underway.

Any member of SJDA-UK can take the initiative and lead a project and we are open to partnership with any organisation in order to do projects of mutual interests. Please take time to discuss our projects at SJDA corner during this event.

SJDA-UK has a heavy online presence targeting junior doctors, our Facebook group is followed by thousands of junior doctors in Sudan, We also have numerous Youtube channel subscribers & online hits. We proudly invite you to visit our online platforms especially our website: [www.sjda.uk](http://www.sjda.uk).

# ABOUT SDU-UK BRANCH

The Sudanese Doctors Union (SDU-UK&I) was established in 1976 to represent the Sudanese Doctors in the UK. For over 30 years it represented and brought together generations of Sudanese doctors living in the UK and Ireland.

Through out our proud history, we strictly adhered to our democratic values and traditions and continued to be independent, transparent and non-political. Our main objectives remain the welfare of our members, and to take a leading role in the development of Health Services and Medical Training in our home country, the Sudan.

Our membership is open to all Sudanese Health Workers in the diaspora, and in particular to those living in the UK and Ireland, estimated to be around 2000 practitioners. Our Membership is also extended to practitioners in the Gulf States, North America, Australia and Europe. Membership forms are available on-line.

For more information visit: [www.sdu.org.uk](http://www.sdu.org.uk)

# CONFERENCE SCHEDULE

## Academic day (05/05/2018)

Time	Activity			
9:00-09:30	Registration			
09:30-11:15	<b>Plenary one session</b> <ul style="list-style-type: none"> <li>Academic session: Audit &amp; research presentations</li> <li>Key Note Lecture: Innovation in Quality Improvement in - the NHS</li> </ul>			
11:15-11:35	Refreshment break			
11:35-13:30	<b>Chadwick A</b>	<b>Chadwick B</b>	<b>Chadwick C</b>	<b>Big Ideas Space</b>
	QIP & Audits; beyond the basics	Personal Effectiveness; Resilience & Assertiveness	Dealing with Complaints & Difficult Situations	Preparing for your first consultant post
13:30-14:30	Lunch break - Exhibition/posters			
14:30-16:25	<b>Chadwick A</b>	<b>Chadwick B</b>	<b>Chadwick C</b>	<b>Big Ideas Space</b>
	QIP & Audits; beyond the basics	Personal Effectiveness; Resilience & Assertiveness	Dealing with Complaints & Difficult Situations	Preparing for your first consultant post
16:30-16:50	Refreshment break			
16:50-18:50	<b>Plenary two session</b> Prospects & job opportunities after finishing training in the UK; expectations, challenges and experiences			
18:50-19:00	Awards, Closure & Group picture			

# SOCIAL ACTIVITIES

## Gala Dinner (05/05/2018)

### Gala dinner with Sudanese flavour

Enjoy and share a nice buffet meal & high quality social time. Listen to Sudanese tunes & enjoy songs by Ahmed Abbakar & Fahad.

*\* The dinner and party will take place at Chadwick Halls. The dinner will be served from 20:00.*

*\* The party will finish at 23:00.*

*\* Admission to the dinner area is strictly via tickets, you will be asked to present your ticket on arrival.*



## Safari Park Trip (06/05/2018)

### Great day out.. Fun for all

The group picnic to Knowsley Safari Park, where participants can enjoy the scenery and animals with their friends & family.

*\* Lunch & transportation will be provided.*

*\* Pick-up & Drop-off point: NCP Car park Manchester, Bridgewater Hall, M15 4PS.*

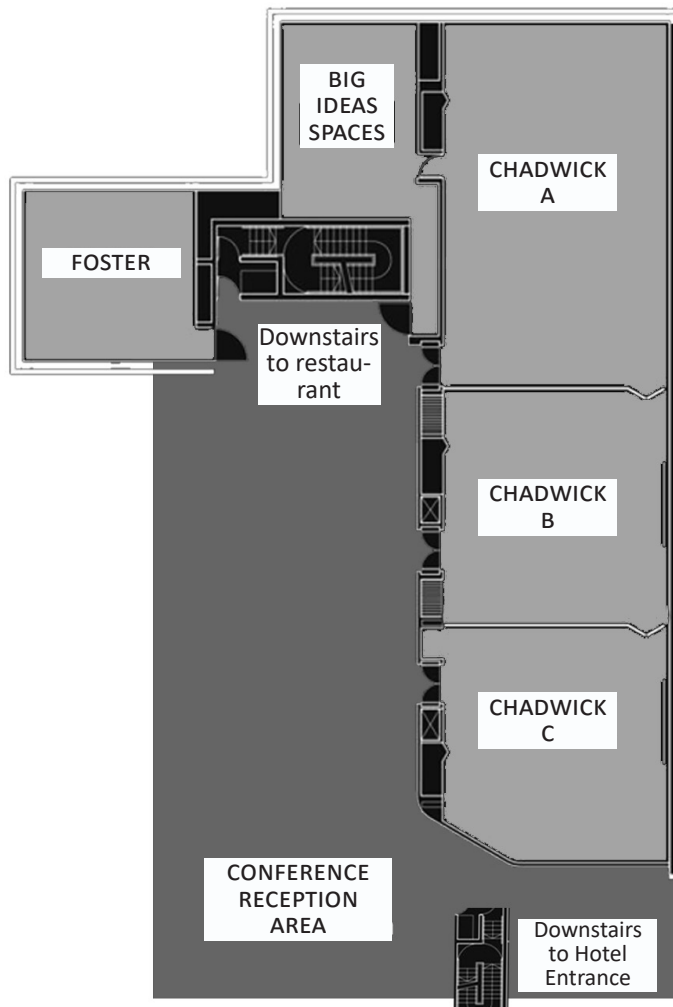
*\* **09:30** - Assembly time in Manchester.*

*\* **16:00** - Return from Knowsley.*

*\* Coaches will leave on time, late comers will have to make their own arrangements.*



# VENUE MAP & USEFUL INFORMATION



- Registration will take place in conference reception Area.
- Plenary sessions will take place in the Chadwick rooms A, B & C.
- Childcare will take place in Foster Room





## Lunch & Refreshments

- Lunch is served in the restaurant at 13:30.
- Refreshments are served in the Conference reception area, first floor.



## Internet Access

- Internet connection at the conference centre is free of charge.
- **WI-FI network name: inside 1**  
**Password: mcr**



## Information

- Further information is available at the Registration Desk at the first floor.
- Please present your parking ticket at the hotel desk to validate your 25% discount.



## Ground Rules

- Please wear your badge at all times. You will not be admitted to sessions or meals without it.
- **Admission to dinner & party is strictly by tickets**. Please make sure to collect your ticket from the registration desk.
- We have a full day with a tight schedule, please be on time for sessions & breaks.
- Enjoy the day and have fun.

# CONFERENCE EXHIBITIONS

## Sudanese Doctors House (SDH)

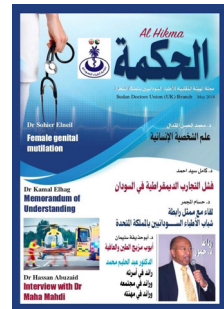
A SJDA-UK initiative to academically, socially and financially support the Sudanese doctors when they first arrive in the UK.

The Sudanese Doctors' House can act as temporary accommodation for new comers, thereby helping in relieving the financial burden on those doctors and creating an environment which encourages peer support.



## Alhikma Medical Journal

SDU-UK is pleased to announce the 48th issue of the Sudanese doctors' union in UK journal, Alhikma (meaning the wisdom in Arabic). We are very grateful to every member of the editorial board , the authors and the designer. Please get your copy from the SDU-UK corner.

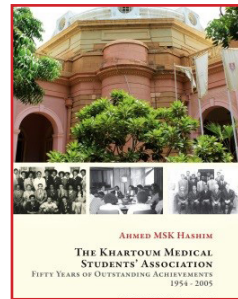


## Featured Book Corner

The featured book corner this year features two insightful and unique publications that shed light on the social excellence and thereby the holistic nature of medical professionals.

### *The Khartoum Medical Students' Association Fifty Years of Outstanding Achievements 1954-2005*

Founded in 1954, the Khartoum Medical Students' Association (KMSA) is one of the most successful, leading and oldest student associations not only in Sudan but in Africa. Authored by Dr. Ahmed MSK Hashim, the book traces KMSA's evolution driven by exceptional students' invaluable role throughout historical, political and social events. More than 90 exclusive photos and documents bring this wonderful book vividly to life.



### *Al-Wagh Al-Akhar Lel-Tabeeb Al-Sudani* (الوجه الآخر للطبيب السوداني)



A collaborative work by Dr. Abdelbagi Ahmed and Dr. Ahmed Hashim, reveals a personal collection of Sudanese doctors' diverse talents beyond their medical careers. Through unveiling their talents in other fields which include but are not limited to music, poetry, literature, film and sports, this book relays the diversity of exceptional individuals.

# ACADEMIC POSTERS

## Original Research



Clinical Outcomes And Complications Of Titanium Versus Stainless Steel Elastic Nail In Management Of Paediatric Femoral Fractures: A Systematic Review



Does The Admission Of Neck Of Femur Fracture Patients From Different Community Backgrounds Influence The Outcome Of Treatment

**Abdalla Enayet**  
**Trauma & Orthopaedics Registrar**



What Can The Sudanese Federal Ministry Of Health Do To Retain health Workers? A Qualitative Study



Factors Drive Female Sex Workers To Work In Sex Trade In Khartoum, Sudan

**Taqua Dahab**  
**Cork University hospital, Cork , Ireland**



## Original Research

Risk Factors Of Diabetic Cardiac Autonomic Neuropathy In Patients With Type 1 Diabetes Mellitus: A Meta-Analysis

**Mohamed D Dafaalla et al.**  
**Soba Centre for Audit and Research (SCAR),**  
**University of Khartoum, Khartoum, Sudan**



Quality Of Life Of Children And Adolescents With Epilepsy And The Impact On Their Parents In Khartoum State, Sudan, 2018

**Hanaa Fadil et al.**  
**Faculty of Medicine, University of Khartoum,**  
**Khartoum, Sudan**

## Case Reports



Chronic Eczema In A 10 Months Old Child Causing Hypoproteinemia And Clinical Syndrome Of Kwashiorkor

**Rawia Eltahir**  
**Birmingham children' hospital**

# PLENARY ONE SESSION



## Time Table

Time	Topic
9:30- 9:45	Welcome notes
9:45-10:30	Academic Session: Oral presentations
10:30-11:15	Key Note Lecture: Innovation in Quality Improvement in the NHS

**Chair Person:**  
**Sara Abdelgalil**  
Consultant Paediatrician

**Co-Chair:**  
**Hadeil Morsi**  
Immunology SpR



**KEYNOTE SPEAKER**  
**Innovations in Quality  
Improvement in the NHS**  
**Dr Helen Crimlisk**

Consultant Psychiatrist and Deputy Medical Director, Sheffield Health and Social Care NHS Foundation Trust, and Director of Undergraduate Psychiatry in association with Sheffield University. Community member of Health Foundation Q. Fellowship and Masters in Quality Improvement and Leadership at Ashridge. Interests are neurodevelopmental disorders, personalised medicine, neuropsychiatry and the value of lived experience in teaching.

# ORAL PRESENTATIONS

An audit to assess adherence of junior doctors to prescription standards in the adult medical wards, Ribat University Hospital.

**Sawsan Alhassan et al.**  
Ribat University Hospital



Improving the paper-based discharge process: a continuous, full-cycle quality improvement project in a low-resource setting

**Mohamed D. Dafaalla et al.**  
Soba University Hospital, Khartoum Sudan

Safety and feasibility of 4-hour discharge following elective percutaneous coronary intervention (PCI)

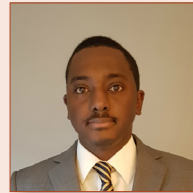
**Yousif Abusalma et al.**  
Aberdeen Royal Infirmary Hospital



## ACADEMIC PANEL



**Sara Abdelgalil**  
Consultant Paediatrician



**Yasir Elhassan**  
Endocrinology Hon. SpR



**Ahmed Adlan**  
Cardiology SpR



**Luaie Osman Idris**  
Respiratory Consultant

# CONFERENCE WORKSHOPS

## Audit & Quality Improvement Projects: Beyond the Basics

An ingeniously-designed interactive workshop based on small groups activities with short talks. The participant will gain the necessary skills to recognise the different uses of quality improvement processes which will hopefully help them with their future projects.

### Workshop Speakers/ Facilitators



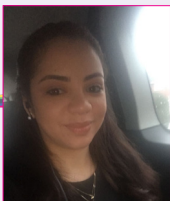
**Azmi Amara**  
Endocrinology &  
diabetes SpR.



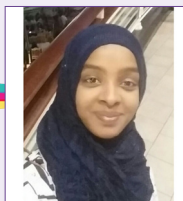
**Ahmed Ali**  
Emergency  
medicine SpR.



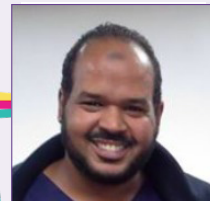
**Mohammed  
Osman**  
Gastroenterology  
SpR



**Reem Salman**  
Clinical fellow,  
Surgery



**Ayat Bashir**  
Research  
fellow



**Mohamed  
El-Gasim**  
Lecturer  
Clinical Skills



# CONFERENCE WORKSHOPS

## Preparing for your First Consultant Post Workshop

Targeting senior trainees & junior consultants, this workshop provides essential pearls on how to secure a consultant post; the challenges & how to navigate them, Pre interview visits & interview tips, revalidation & appraisals. All from a unique Sudanese perspective.

### Workshop Speakers/ Facilitators



**Alrashied Hassan**  
Vascular Surgery Consultant



**Haitham Dagash**  
Paediatrics Surgery Consultant



**Muhtadi M. Osman**  
Endocrinology Consultant



**Mugtaba Dafalla**  
Histopathology SpR

# CONFERENCE WORKSHOPS

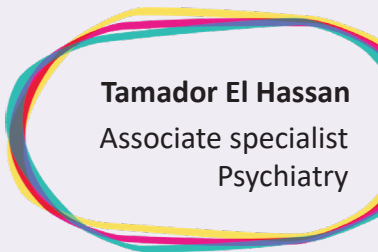
## Personal effectiveness; Resilience & Assertiveness

This workshop covers the essential concepts of personal effectiveness, self-awareness, emotional intelligence, effective communication and personality types. You will learn mechanisms of dealing with stress and resilience in medical practice while navigating the challenges within the work environment.

### Workshop Speakers



**Mayada Abu Affan**  
Consultant in Public  
Health Medicine



**Tamador El Hassan**  
Associate specialist  
Psychiatry



# CONFERENCE WORKSHOPS

## Dealing with Complaints & Difficult Situations

An up-to-date review of the GMC guidance on dealing with complaints, presented by a GMC advisor. The second part is small group discussions on topics including understanding the cultural differences in the UK, reflective practice & managing your tasks in the workplace.

### Workshop Speakers/ Facilitators



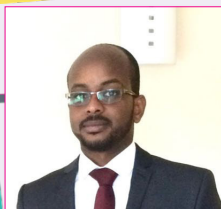
**Tista Chakravarti**  
GMC regional  
liaison advisor



**Nada Elhaj**  
Consultant  
Microbiologist



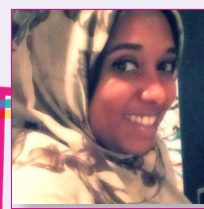
**Mustafa Ibrahim**  
MRCGP  
General  
Practitioner



**Ahmed Karar Ali**  
GPST



**Hussam Mohsin**  
GPST



**Sara Abbas**  
Teaching  
Fellow, GPST

# PLENARY TWO SESSION

## Prospects & Job Opportunities for Sudanese Doctors After Training: Expectations, Challenges & Experiences



Time Table

Time	Subject
16:50-16:55	Introduction
16:55-17:05	Job prospect survey results.
17:05-17:15	Job prospect survey discussion.
17:15-17:25	Working as a consultant in the NHS; expectations & challenges
17:25-17:35	Management & leadership opportunities in the NHS
17:35-17:45	Working in private sector in UK
17:45-18:05	Working in Gulf/KSA
18:05-18:15	Working in Sudan
18:15-18:45	Questions
18:45-18:50	Closing statement



**Chair Person:**  
**Hisham Hamdalla**  
Consultant Neurologist



**Co-chair:**  
**Fatima Elamin**  
Haematology SpR

## Panel Speakers



**Abdalla Elfateh Ibrahim**  
Consultant Respiratory Medicine



**Fatima Abu Amna**  
Consultant in Obs & Gynae



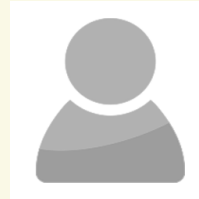
**Inaam Abdel-Hadi**  
Consultant Radiologist



**Isam Izzeldin**  
Consultant Neurologist



**Magdi Ishag**  
Consultant Psychiatrist



**Montasir Omer**  
Consultant Cardiologist



**Rawya Ahmed**  
Respiratory & GIM Consultant



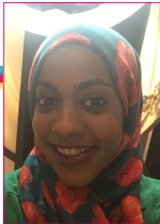
**Suhier Elshowaya**  
Consultant Nephrologist

# ORGANISING COMMITTEE

## SJDA-UK TEAM



**Ahemd Atta**  
Social Team



**Fatima Elamin**  
Programme & SDU  
Liaison



**Hadeil Morsi**  
Academic Team



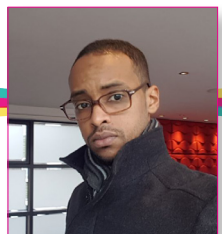
**Hashim Elsir**  
Financial Team &  
SDU Liaison



**Hiba Malik**  
Academic Team



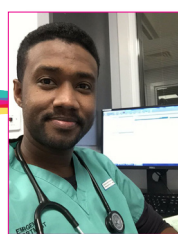
**Iyad Ahmed**  
Venue Team



**Khalid Hamid**  
Vice Lead  
Organiser



**Maha Ahmed**  
Venue,  
Social Team



**Mohamed Awad**  
Registration Team



**Mubashar Ahmed**  
Lead Organiser



**Nadir Elamin**  
Social Team



**Olla Marjan**  
Registration Team



**Sawsan Alhassan**  
Media & Graphic  
Design



**Shuayb Elkhalfifa**  
Venue Team

# ORGANISING COMMITTEE SDU-UK TEAM

## Programme and academic panel team



Sara  
Abdelgalil  
SDU  
President



Sara Beilei  
Academic  
Secretary



Nada Elhag  
Vice  
Academic  
Secretary

## Venue, finance and social team



Ayda  
Barakat SDU  
Treasurer



Ahmed  
Hassan  
SDU Social  
Secretary



Nabeel  
Ahmed  
SDU  
Secretary

## Registration team



Alfarazdaq  
Hassan  
SDU Vice  
Secretary



Zuhair  
Tajeldin  
SDU  
Membership  
Secretary



Yassir  
Yahiya  
SDU Vice  
Membership  
Secretary

## Media and advertising team



Hussam  
Almugamar  
SDU Vice  
President



Madi Imam  
SDU Media  
and  
communication  
Secretary



# ABSTRACT BOOK

## Audits and Quality Improvement Projects

### Abstract A.1

#### **An Audit To Assess Adherence Of Junior Doctors To Prescription Standards In The Adult Medical Wards, Ribat University Hospital**

Sawsan M. Alhassan<sup>1,3</sup>, Duaa Tag Elser<sup>1,3</sup>, Amjad Nabri<sup>1,3</sup>, Amro Farah<sup>2,3</sup>, Dalal Dafallah<sup>1,3</sup>,  
Montasir Omer<sup>3</sup>

1. Federal Ministry of Health, Khartoum, Sudan, 2. Sudan Medical Specialisation Board, 3. Department of Internal Medicine, Ribat University Hospital, Khartoum Sudan

**Background and Aims:** The safe and effective function of any in-patient unit depends on drug prescriptions and drug charts being clearly and correctly completed. Despite this, unclear prescriptions and incomplete drug charts are widely observed. The aim of this audit was to assess the level of adherence to national and local prescribing guidelines in the adult medical wards of Ribat University Hospital. **Methods:** The audit tool analysed prescription compliance with guidelines established by the Sudanese Medical Council (SMC) and the drug chart devised by the hospital. Patient details, allergy status, prescriber details, completeness of drug chart were assessed and a standard of 80% considered satisfactory. Data were collected manually from 84 patients' files admitted to adult medical wards in April 2017. The total number of prescribed medication was 368 drugs: 318 Regular medications, 19 PRN medications and 31 IV fluids prescriptions. Data was entered and analysed using SPSS programme; findings were presented and discussed in a local departmental meeting attended by department consultants, junior doctors and medical students. **Results:** The number of prescriptions that fulfilled the audit standards was 10% (40/368). Allergy status was documented in 61.7% of files. Prescriber details were fully documented in 2.4% (n=2) of prescriptions and drug chart were completed in 64.2% (n=52) of files. **Conclusions:** The adherence of junior doctors to good prescribing practices is not satisfactory. A very small percentage of prescriptions reached the audit standards. Additionally, locally available tools (drug charts) were not fully utilised by staff. This audit highlighted the need to improve the process of writing prescriptions and raising awareness of doctors. Recommendations included introducing an orientation course for new doctors on how to properly use & fill drug charts, with a review on good prescribing practices; and to re-audit to assess change and complete the audit cycle.

## Abstract A.2

### Improving the paper-based discharge process: a continuous, full-cycle quality improvement project in a low-resource setting

Ihab B Abdalrahman<sup>1,2</sup>, Mohammed Elsanousi Huzaifa Mohammed<sup>1,3</sup>, Abdelmohaymin A Abdalla<sup>2</sup>, Sulaf Ibrahim Abdelaziz<sup>1,2</sup>, Aboaagla Abdalbagi Ali<sup>2,3</sup>, Dina Nader Mutwakel Osman<sup>3</sup>, Ahmed Abdelmoniem Ahmed<sup>3</sup>, Hagir Emad Elwasila<sup>3</sup>, Romaisa Hashim Mokhtar Mohammed<sup>3</sup>, Mohamed D. Dafaalla<sup>3</sup>

1 Department of Internal Medicine, Soba University Hospital, Khartoum Sudan. 2 University of Khartoum, Khartoum, Sudan. 3 Soba Centre of Audit and Research (SCAR), Soba University Hospital, Khartoum Sudan

**Background:** The moment of hospital discharge is a time for vulnerability for many patients and might jeopardize their safety. We found that the current structure of the discharge card at Soba University Hospital (SUH) does not improve the quality of the discharge summary. This hinders the delivery of valid, relevant and adequate health information and can negatively affect outpatient care. **Methods:** We implemented a new discharge card design with structured headings at the Department of Medicine at Soba University Hospital from the beginning of March to April 15th, 2017. This was coupled with educational sessions highlighting the problems that might occur if there were gaps in patient transition from inpatient to outpatient. **Results:** There was a significant improvement in documentation of the majority (>90%) of the items, including name, age, source of admission treating doctor, diagnosis and medication, but there was a drop in documentation of co-morbidities. We also noticed that the new discharge summary format significantly improved the documentation of the majority of the headings (all P values were <0.001), yet, there was a drop in documentation of co-morbidities and dates for follow up. **Conclusions:** Recording of paper-based health records like discharge summaries could be substantially improved by use of well-structured formats and practical training sessions. Improvement is a dynamic process. Some gaps might appear during execution, these need monitoring and continuous improvement to establish sustainability.

## Original Researches

### Abstract R.1

#### **Clinical Outcomes And Complications Of Titanium Versus Stainless Steel Elastic Nail In Management Of Paediatric Femoral Fractures- A Systematic Review**

Abdalla Enayet

**Background:** Femoral shaft fractures in children account for approximately 1.6% of all fractures. These fractures can be treated both operatively and non-operatively. Surgical fixation is more common in the age group above 6 years. Elastic intramedullary nails have become the most popular surgical modality of treatment over the last few decades. However there is continuous debate about which type of elastic nails (titanium and stainless steel) provides better clinical outcomes with less complication. The aim of this study was to systematically review the existing literature on the treatment of Paediatric femoral fractures using elastic intramedullary nails, comparing clinical outcomes and complications of titanium elastic nail system (TENS) and stainless-steel elastic nail system (SSENS). **Methods:** A comprehensive search of Medline, Embase, and Cochrane library databases was performed using specific search terms and limits. Applying strict eligibility criteria, the identified studies were screened. Five studies were identified and reviewed. There were four non randomised comparative studies and one randomised controlled study. The identified studies were critically analysed using the Critical Appraisal Skills programme (CASP). The outcomes measured were time to union, full weight bearing, and nail removal. Complications including delayed union, malunion, infection, skin irritation and limb length discrepancy were also noted. **Results:** Studies provide contradictory evidence with regards to time to fracture union and time to full weight bearing. Only one study commented on time to nail removal and found that it is shorter in the TENS group. Two studies showed significantly higher rate of malunion in the TENS group whereas the rest showed no difference. No difference in the rates of delayed union or infection between the two groups and no consistent difference in the rates of skin irritation. Three studies compared Flynn's outcome score and found no difference apart from one study which found better scores in the SSENS group. **Conclusion:** There is no consistent evidence to indicate the advantage of one type of elastic nails over the other in management of paediatric femoral shaft fractures however the overall trend is in favour of SSENS especially being cheaper than TENS. Critical appraisal of the studies identified significant methodological deficiencies and further prospective randomised trials are recommended for more potent evidence.

## Abstract R.2

### Does The Admission Of Neck Of Femur Fracture Patients From Different Community Backgrounds Influence The Outcome Of Treatment

Abdalla Enayet

**Introduction:** Hip fracture accounts for 87% of total fragility fractures and there is an estimate of over 70000 cases per year in UK. The mean length of inpatient stay is about 20 days and the 28 day mortality is 9%.The impact of social factors such as admission from one's own home ,residential home or nursing home is much debated in the literature. The aim of our study is to look at the impact on the outcome of treatment of fracture neck of femurs depending on whether they were from nursing or residential homes or from their own homes. **Materials and methods:** A retrospective audit of all the patients admitted with fracture neck of femurs over a period of five years (April 2011 to December 2016) was carried out. The patients were divided in to three groups factors. Group 1 were patients from their own home, Group 2 from residential homes and Group 3 were from nursing homes. The ASA grade, time taken for the patients to be operated on, the length of stay and the in-hospital mortality rate were audited for each group. **Results:** A total of 1715 patients were admitted during this period. There were 1346 (78.5%) in Group 1, Group2 had 209 (12.5%) patients and Group 3 had 160 (9%) patients. The ASA grade of more than 3 for Group 1 was 85.5%, Group 2 was 80.5% and Group 3 was 82.5%( $p=0.7490$ ).The time taken to get to theatre for surgery in Group 1 was 25.1 hours, Group 2 was 24.7hours and Group 3 was 23.9 hours( $p=0.10565$ ). The length of inpatient stay for Group 1 was 17.8days, group 2 was 16.8 days and Group 3 was 14.7 days( $p=0.0001$ ). The mortality in Group 1 was 10.25%, Group 2 was 8.6% and Group 3 was 11.25 % (  $p=0.0001$ ). **Conclusion:** NOF patients admitted from nursing homes had significantly higher in-hospital mortality but shorter length of stay than own or residential home groups. Residential home group had the lowest in-hospital mortality rate. Own home group had significantly longer length of hospital stay among the three groups. There was no significant difference in the ASA grades or time to surgery among the 3 groups.

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## Abstract R.3

### Factors Drive Female Sex Workers To Work In Sex Trade In Khartoum, Sudan

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**Background:** Strikingly, Sudan is the most severely affected country with HIV in North Africa and the Middle East with an estimated 320,000 people living with it. The largest proportion of those is Female Sex Workers. Hence, it is wise to treat that devastating problem from its roots and search about the drives that enforce Female Sex Workers (FSW) to sell sex. The aim of this study is to identify the factors that influence FSW to participate in Sex trade. **Material and Methodology:** This is a qualitative, ethnographic approach study carried out in a single Non-Governmental Organization (NGO) in the Khartoum state in June 2014. A total of 45 FSW were recruited through purposive sampling technique and interviewed with an in-depth interview guide and audio recorder. The result has been analysed by the thematic analysis. Ethical clearance has been considered in all the phases of the study. **Results:** The major themes were: Financial issues, desire to get sex, bad friends, stressful life conditions, social constrains, curiosity and sexual abuse. Each major theme has its own sub-themes and quotes. **Discussion:** The financial factor was a major concern which drive those FSW to selling sex, when one of the parents die, or no longer support the family, some girls found themselves unable to engage in meaningful economic activity or enforced to practice sex in order to get the essential money for their siblings to survive. Other important factor is that the female university students migrating from rural areas and has no source of income to run their university life, and this in favour of many other studies. **Conclusion:** The prime factor that drives those female to enrol in sex trade was for financial reasons due to loss of parents, high unemployment rate, and rural-urban migration for university students.

**Key words:** Sex, workers, HIV, income, qualitative

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## Abstract R.4

### Quality Of Life Of Children And Adolescents With Epilepsy And The Impact On Their Parents In Khartoum State, Sudan, 2018

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**Background:** Epilepsy is a heterogeneous condition, characterised by wide ranges of aetiologies, clinical management and seizure frequencies. Higher incidence rates are reported in developing countries. Epileptic children have greater risks for learning and academic underachievement, psychiatric disorders, impaired cognitive and social skills, which affect their quality of life (QoL) as children and as adults and increases the burden to both patients and their families. **Aim:** To assess the QoL of children

and adolescents with epilepsy and the impact on their families. **Method:** This was a descriptive analytical cross-sectional study, conducted among children with epilepsy (aged 6 -18) at Paediatrics Epilepsy and Neuro-disability Outpatients Clinics at Soba University Hospital and Fath Elrahman Bashir Health Centre, in February, March and April. The Impact of Childhood Illness Scale was used. Each question measures two phenomena: The frequency of the problem and its importance. **Results:** The study included 164 parents of children with epilepsy. The QoL of children was found to be low; the average total score was 45±16 (out of 92) (table 1). The commonest concern in the impact of epilepsy section was that the child might develop brain damage. Regarding the impact on child development most of the parents were concerned that their child may take medications for several years. The commonest concerns in the impact on parents and family sections were difficulty in using public transport and that the child needs more noticing than other children. Sub-scale scores were significantly associated with the number of antiepileptic drugs (AED), duration of the disease and treatment, having other comorbidities and child's education (P value<0.05). **Conclusion:** children and adolescents with epilepsy and their families had poor QoL. Epileptic children's QoL is affected by education, presence of comorbidities, number of AED and duration of seizures and treatment. Interventions such as health education programs should be implemented.

**Table 1:** Sub-scale scores (n=194)

Subscales	Frequency			Concern		
	Mean	SD	Range	Mean	SD	Range
Treatment	5.5	2.51	0-10	7.21	2.86	0-10
Impact on Child	8.01	3.69	0-16	7.41	4.66	0-16
Impact on Parents	2.45	1.96	0-10	7.85	2.59	0-10
Impact on family	6.8	3.65	0-16	5.16	4.03	0-16
Combined total scores	45.41	16.47	6-92			

## Abstract R.5

### Risk factors of diabetic cardiac autonomic neuropathy in patients with type 1 diabetes mellitus: a meta-analysis

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**Objectives:** We aimed to stratify the possible risk factors for diabetic cardiac autonomic neuropathy (CAN). **Methods:** We did a meta-analysis of risk factors of CAN. We did a web-based search for literature in MEDLINE/PubMed, Scopus database and CENTRAL database up to August 2015. We included clinical trials or cohort studies that provide data about relationship between CAN and variables of interest. Our risk factors of interest were age, sex, duration of diabetes, body mass index (BMI), systolic blood pressure (sBP) and diastolic blood pressure (dBP), glycated haemoglobin (HbA1c), high-density lipoprotein and low-density lipoprotein (HDL and LDL), triglycerides, retinopathy and nephropathy. We generated Forest plots,  $\chi^2$  test and I<sup>2</sup> as tests for heterogeneity, risk ratio (RR), mean difference (MD), CIs and p values by RevMan V.5.3 software. **Results:** We found a total of 882 related items. We excluded 873 studies from the title and abstract and 4 studies after review of full reports. Four studies were included. Our meta-analysis showed significant association between CAN and age (MD=4.94 (3.46 to 6.42)), duration of diabetes MD=4.51 (2.51 to 6.52)), HbA1c (MD=0.48 (0.28 to 0.67)), BMI (MD=0.55 (0.08 to 1.01)), serum triglycerides (MD=0.09 (0.01 to 0.17)), proliferative retinopathy (RR=3.69 (1.20 to 11.34)), microalbuminuria (RR=2.47 (1.43 to 4.29)), hypertension (RR=4.18 (2.52 to 6.91)) and sBP (MD=4.10 (2.20 to 6.00)). We neither discovered the absence of significant association between the development of CAN and male sex (RR=1.57 (0.45 to 5.39)), dBP (MD=0.89 (-0.36 to 2.14)), cholesterol level (MD=1.19 (-0.99 to 3.36)), LDL (MD=0.12 (-0.15 to 0.39)), nor HDL level (MD=-0.28 (-0.58 to 0.03)). **Conclusions:** Age, duration of diabetes, HbA1c, BMI, serum triglycerides, proliferative retinopathy, microalbuminuria, hypertension and sBP are directly related to the risk of development of diabetic CAN.

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## Abstract R.6

### Safety and feasibility of 4-hour discharge following elective percutaneous coronary intervention (PCI)

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**Background /Purpose:** Advances in PCI techniques and widespread use of radial access have resulted in a reduction in PCI-related complications and length of hospital stay. Whilst same-day discharge following elective PCI is now widely practiced, the optimal duration of monitoring and length of hospital stay remains unknown. The aim of this study is to examine the feasibility and safety of discharge at 4 hours following uncomplicated elective PCI. **Methods / Materials:** Retrospective analysis of



prospectively collected data between 2013 and 2015 at Aberdeen Royal Infirmary, UK. A total of 907 elective PCI patients were included in this analysis. The cohort was divided into four groups according to time of discharge post PCI: 4-hour group, 6-hour group, over-6-hour (same-day discharge) group and overnight-stay group. Outcome measures were 30-day major adverse cardiovascular events (MACE) and re-admission rates. **Results:** Mean age  $\pm$  standard deviation (SD) was  $66.5 \pm 10.1$  years. 24.6 % were female and 26.2% had diabetes mellitus. The radial artery was the only vascular access route in 73.3%. 541 patients (59.7%) were in the 4-hour group, 147 patients (16.2%) in 6-hour group, 33 patients (3.6%) in over-6-hour group and 186 patients (20.5%) overnight-stay group. After excluding patients with pre-planned delayed discharge (including hydration for renal protection, late-time procedures and social reasons) and those who had procedural or post-procedural complications, the 4-hour group consisted of 541 patients (77.8%), 6-hour group of 90 patients (12.9%), over-6-hour group 22 patients (3.2%) and overnight-stay group of 42 patients (6.0%). In a logistic regression model, femoral access was the only independent predictor for delayed discharge beyond 4-hours (Odds ratio [SD] of 1.73 [1.13-2.63], P-value = 0.011). Thirty-day re-admission rates were 3.5% in 4-hour group, 5.4% in 6-hour group, 0% in over-6-hour group and 7.0% in overnight-stay group. Two patients in the 6-hour group were readmitted with instent thrombosis resulting in the death of one patient. Reasons for re-admission in the 4-hour group were clinically non-significant and did not result in any adverse outcomes. **Conclusion:** This study of unselected elective PCI patients demonstrates that over three quarters of patients could be safely discharged from hospital at 4 hours following uncomplicated elective PCI. The radial access route was associated with higher likelihood of discharge at 4 hours in this cohort.

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## Abstract R.7

### What Can The Sudanese Federal Ministry Of Health Do To Retain health Workers? A Qualitative Study

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**Background:** Health workers in Sudan are migrating in Huge numbers within short duration of time; loss of this clinical staff from low income countries like Sudan is crippling the already fragile health care system. The aim of this study is to determine the drivers of health workers migration and to identify measures to retain these health workers. **Methodology:** The study design was a phenomenological approach. Study population was health workers in Sudan focusing on three specialties: Medicine, Pharmacy, and Dentistry. The sampling technique was purposive sampling. The data

collection technique was through focus group discussion including 11 participants. Data analysed by thematic analysis for each of the two main research questions. **Results:** The main themes for the reasons behind health workers' migration are: in-service training, atmosphere at workplace, career progression, financial, hospital setup, and post- specialization jobs. While the main themes for measures that Federal Ministry of Health can take to retain health workers are: Financial, resources availability, career development, and vacancies. "If things were available, people won't migrate". **Conclusion:** Motivational factors are undoubtedly country specific: Financial incentives, career progression, and management issues in the Sudanese Federal Ministry of Healthcare core factors. Nevertheless, the financial element alone are not enough to motivate health workers. Adequate resources in the hospitals and career progression improve morals significantly.

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## Case reports

### **Abstract C.1**

#### **Chronic Eczema In A 10 Months Old Child Causing Hypoproteinemia And Clinical Syndrome Of Kwashiorkor**

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1. Birmingham Children' hospital

10 month old Sudanese girl, born in the UK, has background of chronic eczema which had poor response to conventional treatment, presented with significant swelling of feet, face and abdomen for about couple of months. She saw her GP a few times with little attention put on her swelling. She was noted by her family to have sparse, depigmented hair. She then became more unwell, distressed and looked very miserable. Therefore, The was referred to paediatric assessment unit. Initial blood results showed marked hypoalbuminemia, hyponatraemia and abnormal bone profile. Clinical picture and investigations suggested the clinical syndrome of kwashiorkor with generalized body oedema secondary to hypoalbuminemia. Further investigations also confirmed the full picture of rickets. When she was started to be fed she developed re-feeding syndrome that required close monitoring of biochemical profile with help of dietician. Full dietary support for 6 weeks in hospital with nasogastric tube feeding and micronutrients replacements helped in clinical improvement. Follow up bloods showed correction of both hypoproteinaemia and rickets. The association between chronic eczema and hypalbuminaemia was observed again by the author in an 8 months old Indian boy; raising the clinical question of how to link the two clinical findings. Reviewing the literature revealed multiple reported cases. Explanation for the

clinical observation includes the direct loss of protein from skin in chronic eczema, the mechanism of which is poorly understood, or from the gut, again no clear mechanism was found. Skin colonization with organisms and inflammation due to allergens may also have played a role. Also because of the chronicity of the illness there will be lack of essential dietary components. In some cases traditional treatment of chronic eczema with rice milk was reported to lead to significant deficiency in protein in the diet leading to kwashiorkor.





*Suna Designs*